

Keeping Tabs: DoD's Response to Psychological Risks

Lessons Learned from Health Assessments

The Quadruple Aim: Working Together, Achieving Success

COL Robert DeFraites, LtCol Hans Ritschard, & CDR Meena Vythilingam January 25, 2011







Armed Forces Health Surveillance Center &

Psychological Health Strategic Operations Office of Deputy Assistant Secretary of Defense for Force Health Protection And Readiness Programs

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**Report Documentation Page** 

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### **Outline**



- Introduction & Alibis
- Who are we helping?
- Where do we stand?
- What do the numbers show?
- Where are we going?

#### Military Health System Conference



January 24 - 27, 2011

Gaylord National Resort & Convention Center National Harbor, MD

The Quadruple Aim: The MHS Value Model

#### Readiness

Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

#### **Experience of Care**

Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality; effectiveness.



#### **Population Health**

Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

#### **Per Capita Cost**

Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.

### Background



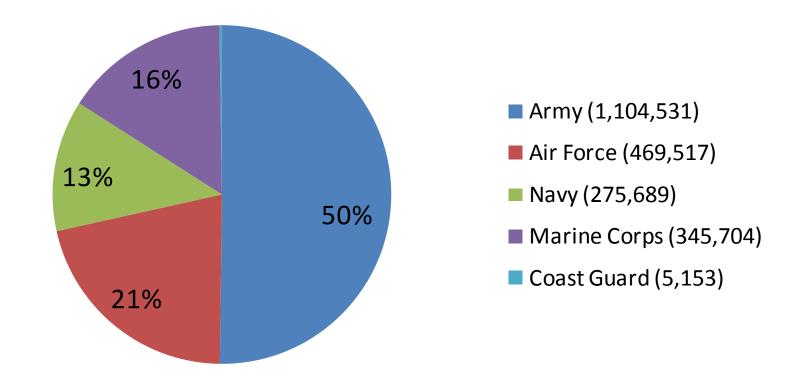
FY1998 NDAA Pre-DHA (DD 2795) PDHA (DD 2796) 2008
PDHA and
PDHRA forms
are updated

FY2005 NDAA PDHRA (DD 2900)

FY2010 NDAA
Additional mental
health
assessments

# Total Service Members Ever Deployed Since September 2001 by Service



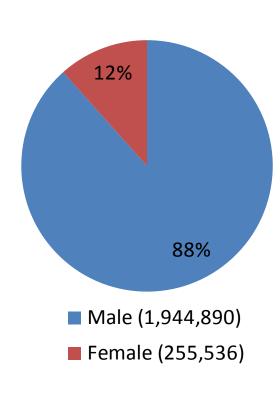


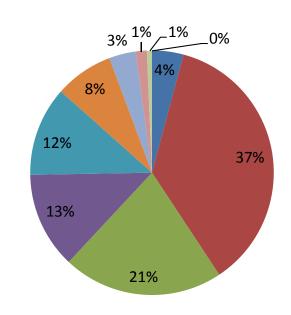
N = 2,200,594

Source: DMDC CTS Roster Sep 2001- October 2010

# Total Service Members Ever Deployed Since September 2001 by Gender & Age







Under 20 (91,646)
25 to 29 (467,022)
35 to 39 (261,229)
45 to 49 (77,784)

30 to 34 (280,938)40 to 44 (170,298)50 to 54 (32,124)

■ 20 to 24 (804,257)

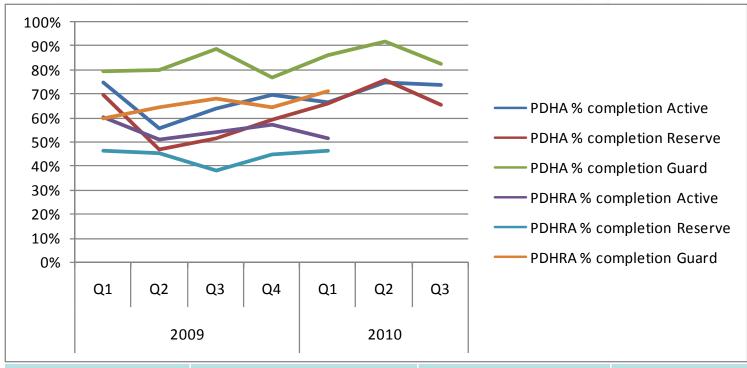
■ 55 to 59 (14,205) ■ >=60 (715)

N = 2,200,594

Source: DMDC CTS Roster Sep 2001- October 2010

# PDHA/RA Completion Rates CY 2009-2010





DoD Total CY 2009-2010	Number of Service Members who Returned from Deployment	Number Completed Forms	% Completion
PDHA (January 2009- September 2010)	695,444	489,261	70%
PDHRA (January 2009-March 2010)	494,792	275,909	56%

Source: Defense Medical Surveillance System (DMSS), 17DEC2010

### **PTSD & Depression Screening**



- Positive PTSD screening (2 of 4 questions)
  - Nightmares
  - Avoid situations
  - Constantly on guard, easily startled
  - Detachment
- Positive depression screening (1 of 2 questions)
  - Little interest or pleasure in doing things
  - Feeling down, depressed, or hopeless

### **Screening for Risky Drinking**



### AUDIT C: 3 questions

- Frequency
- Quantity
- Binge drinking frequency
- Cut offs for risky drinking
  - Men ≥ 4
  - Women ≥ 3

### **Health Assessment Results**



	Pre-DHA since 2003 (DD 2795)	PDHA since 2003 (DD 2796)	PDHRA since 2005 (DD 2900)
# Completed (# of Individuals)	1,176,432	1,740,909	1,147,918
Self-reported Health Excellent, Very Good, Good	97%	91%	85%
Health Concerns	11%	23%	35%
Positive PTSD Screen	n/a	9%	11%
Positive Depression Screen	n/a	3%	8%
Referred for Further Evaluation	4%	18%	18%

Source: Defense Medical Surveillance System (DMSS), 09JAN2011

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### **Screening for Disorders**



- Active Component Mental Disorders
  - Incidence
  - Hospitalization
- Post-deployment screening
  - PTSD
  - Depression
  - Alcohol use
- PTSD and Depression Attrition and Promotion (survival analysis)

# Defense Medical Surveillance System\_



- Executive information system
  - Longitudinal service data
  - Almost 10M US personnel (including Coast Guard) ever serving on active duty
  - Data date back to the early 1990s
- Contains data on:
  - Major deployments
  - Diseases
  - Medical events

# Medical Surveillance Monthly Report

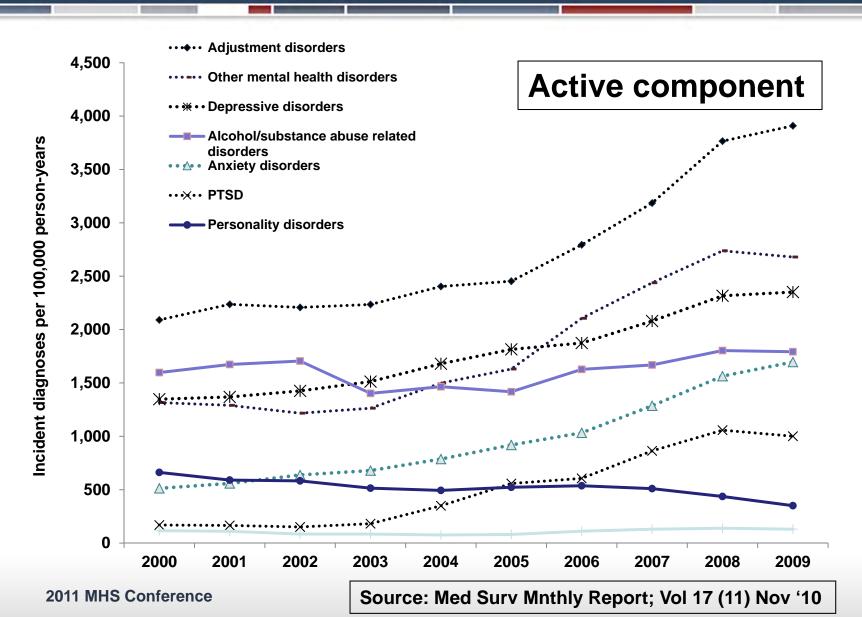




- Published monthly
- In its 16<sup>th</sup> Year
- Over 100 issues online, <u>www.afhsc.mil</u>
- November 2010
   issue focused on
   Mental Health

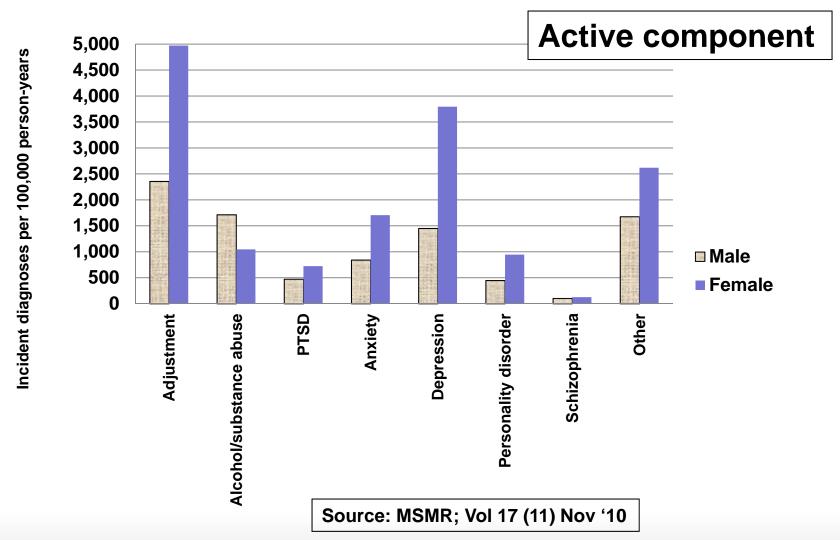
### Mental disorders Incidence





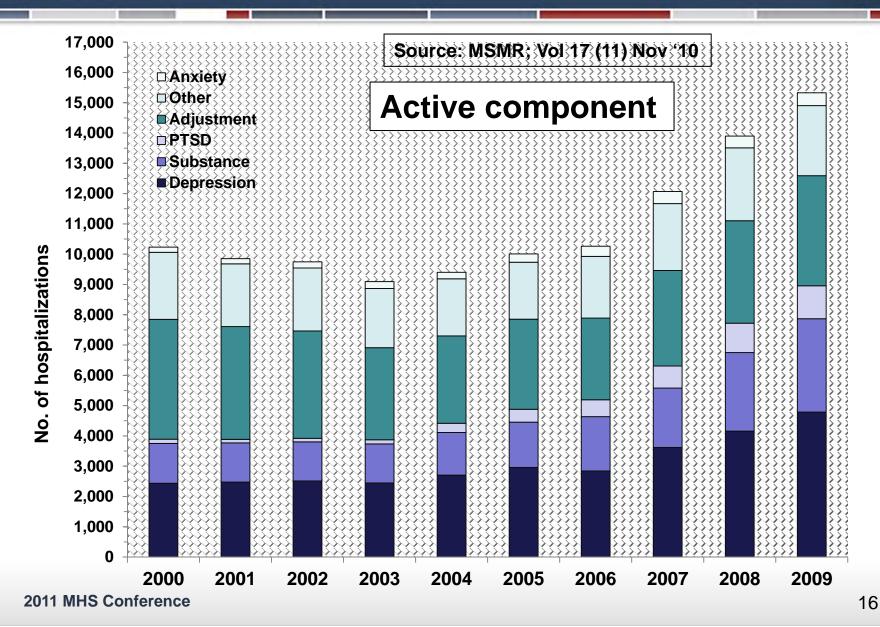
## Mental Disorders by Gender, 00-09





### Mental Disorder-Related Hospitalizations (





# PTSD Screen for Service Members Returning from Deployment in 2009



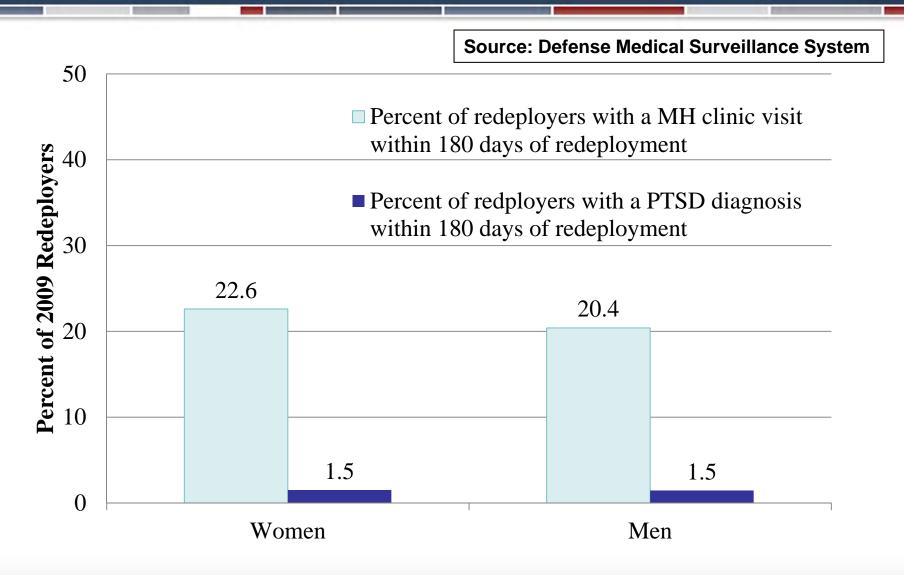
**Source: Defense Medical Surveillance System** 

Men		
PDHA	% PTSD Screen Positive	7.3
PDHRA	% PTSD Screen Positive	10.1
Women		
PDHA	% PTSD Screen Positive	7.7
PDHRA	% PTSD Screen Positive	10.6

PDHA=Post-deployment health assessment PDHRA=Post-deployment health re-assessment

## Mental Health Encounters and PTSD among Service Members Returning from Deployment in 2009





## Depression Screen for Service Members Returning from Deployment in 2009



**Source: Defense Medical Surveillance System** 

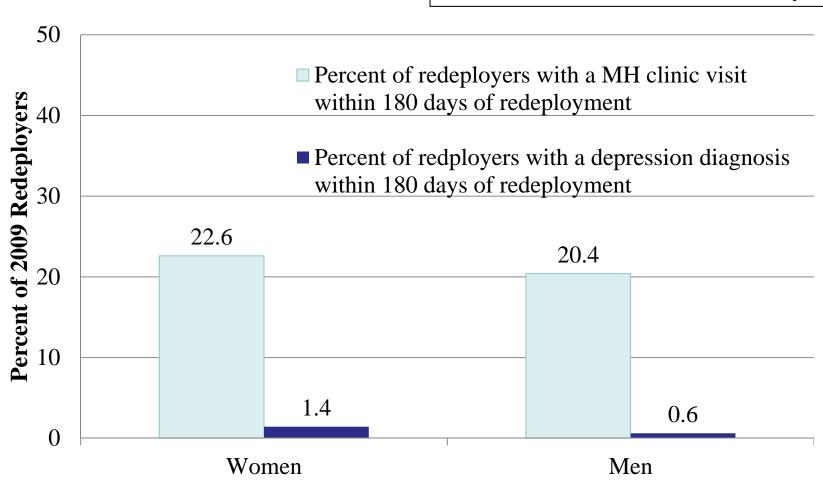
Men		
PDHA	% Screen Positive for Depression	2.7
PDHRA	% Screen Positive for Depression	2.7
Women		
PDHA	% Screen Positive for Depression	2.8
PDHRA	% Screen Positive for Depression	3.1

PDHA=Post-deployment health assessment PDHRA=Post-deployment health re-assessment

## Mental Health Encounters and Depression among Service Members Returning from Deployment in 2009



**Source: Defense Medical Surveillance System** 



### Alcohol Screen for 2009 Redeployers



**Source: Defense Medical Surveillance System** 

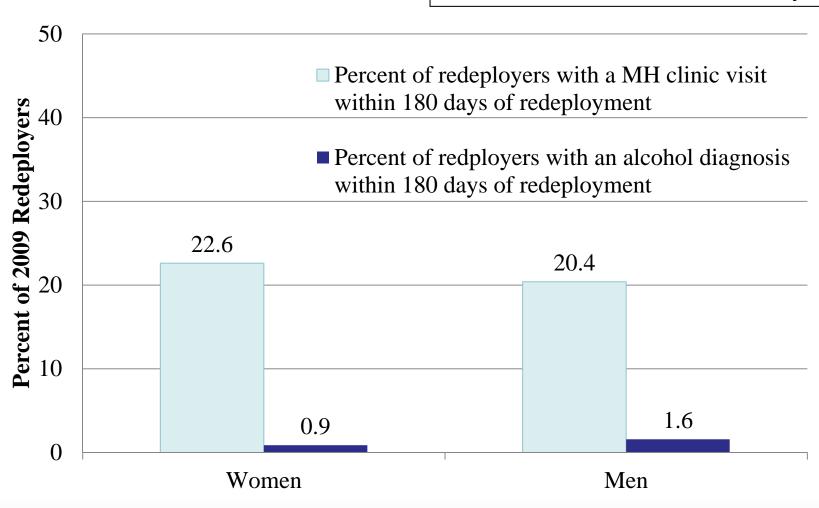
Men		
PDHA	% Alcohol Screen Positive	25.7
PDHRA	% Alcohol Screen Positive	36.6
Women		
PDHA	% Alcohol Screen Positive	21.6
PDHRA	% Alcohol Screen Positive	29.6

PDHA=Post-deployment health assessment PDHRA=Post-deployment health re-assessment

## Mental Health Encounters and Alcohol among Service Members Returning from Deployment in 2009



**Source: Defense Medical Surveillance System** 



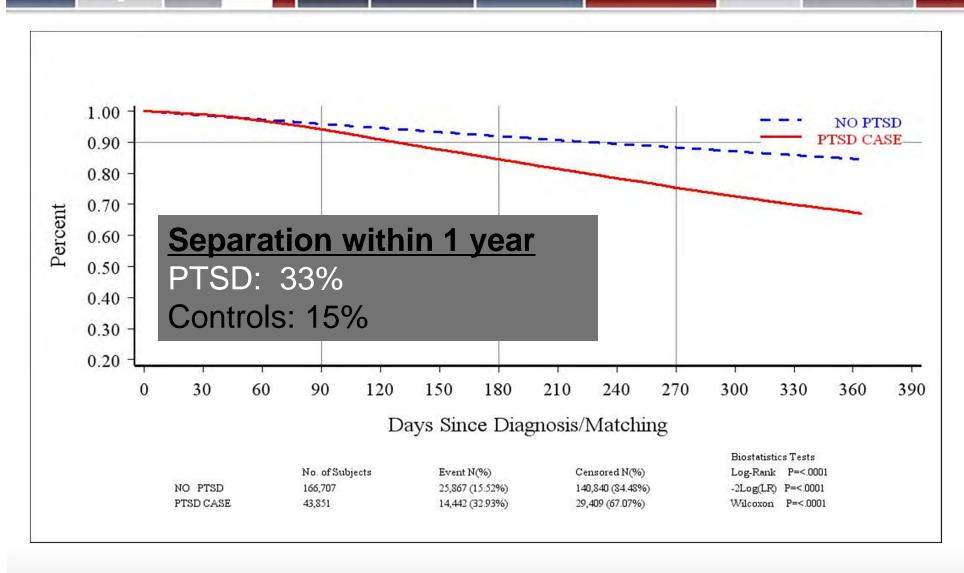
### **Survival Analysis Methods**



- PTSD Case definition: One inpatient or two outpatient encounters with an ICD-9 code = 309.81
- Data source-Defense Medical Surveillance System
- Depression Case definition: One inpatient or two outpatient encounters with any of the following ICD-9 codes: 296.20-296.24, 296.30-296.34
- Cases matched to 4 controls by:
  - Start date of first OEF/OIF deployment
  - Sex
  - Service at time of case's diagnosis
  - Component at time of case's diagnosis
  - Rank at time of case's diagnosis

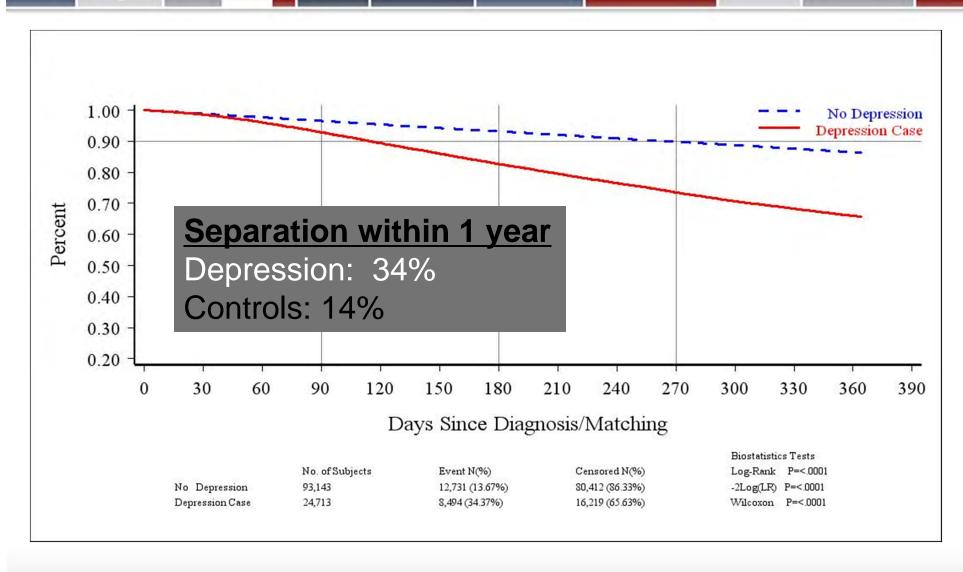
# PTSD Survival Analysis: Separation from Service





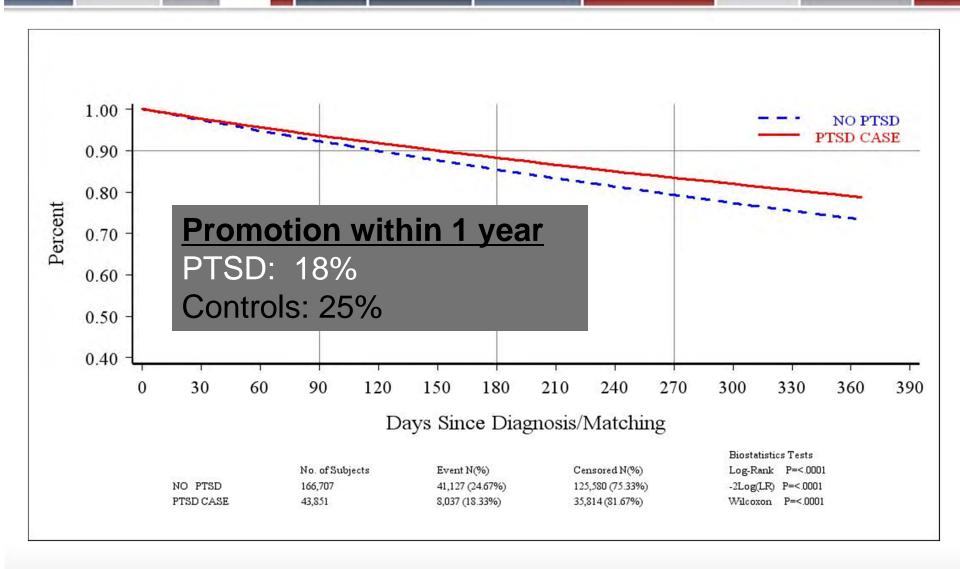
# Depression Survival Analysis: Separation from Service





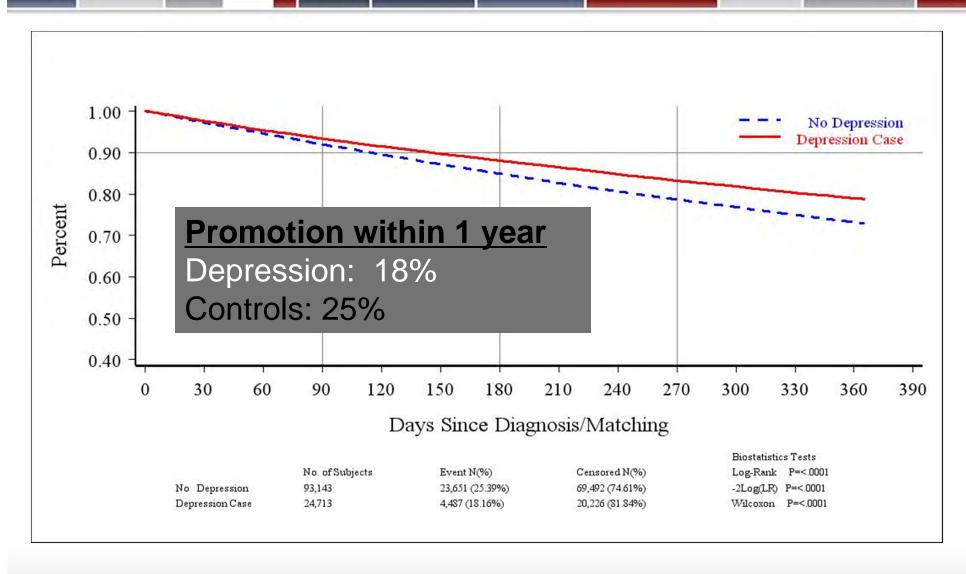
## PTSD Survival Analysis: Promotion in Rank





# Depression Survival Analysis: Promotion in Rank





### **Overview**



#### Why revise deployment mental health assessments?

#### What's new?

- Service member
- \* Provider
- Training guidance

#### Current Status

- Time line of actions
- Service Implementation Status / Waivers
- Evaluation

### Four things you can do

### **Current 2-Staged Mental Health Assessment**



### Self-Report Questions

- · All Service members
- Low time burden
- Screens for potential problems
- Pencil-Paper or Automated

#### **Provider Interview**

- May or may not happen
- No provider training and/or guidance to conduct mental health assessments

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### **NEW Mental Health Assessment – Readiness ++**



### Self-Report Questions

- · All Service members
- Low time burden
- Screens to potential pro
- Pencil-Paper or Automated

**All Service members** 

# Follow-up Self Report Questions

- Second level screening if Stage 1 screen for PTSD and/or Depression is positive
- "Drill down" to PTSD and Depression criteria
- Functional impairment

Person to Person Provider Interview

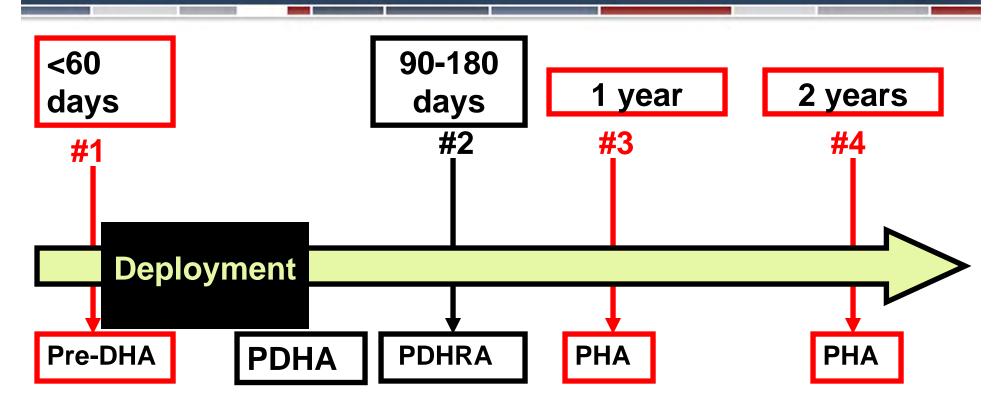
#### **Detailed Guidance:**

- PTSD symptoms
- Depression symptoms
- Brief intervention for risky drinking
- Suicide/Violence risk assessment
- Referral

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### **Assessment Timeline**





Pre-DHA (Pre-Deployment Health Assessment) – 60 days prior to deployment PDHA (Post-Deployment Health Assessment) – 30 days before or after return from deployment PDHRA (Post-Deployment Health Re-Assessment) – 90-180 days after return from deployment PHA #1 (Periodic Health Assessment) – 7 - 12 months after return from deployment PHA # 2 - Between 16 - 24 months after return from deployment

### **New Mental Health Assessments**

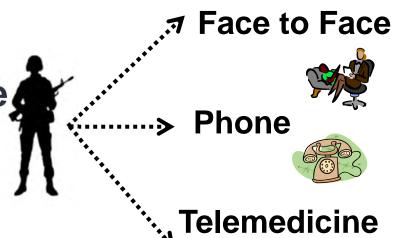


Person-to-person dialogue

Private

Confidential





#### **Consistent across Services**











### **Qualified Clinicians**

- Licensed mental health providers <u>OR</u>
- Trained and certified providers (DoDI 6490.03)
  - Physicians, physician assistants, or nurse practitioners
  - Advanced practice nurses
  - Special Forces Medical Sergeants
  - Independent Duty Corpsmen
  - Independent Duty Medical Technicians
  - Independent Health Services Technicians



# Training to Administer DoD Deployment Mental Health Assessments

## http://fhpr.osd.mil/mha

The Office of the Deputy Assistant Secretary of Defense (Force Health Protection & Readiness)

and

The Deployment Health Clinical Center Walter Reed Army Medical Center

This educational activity is intended to provide training to and certification of providers of pre and postdeployment mental health assessments in accordance with OASD(HA) policy 10-005, "Mental Health Assessments for Members of the Armed Forces Deployed in Connection with a Contingency Operation."

## Mental Health Assessment Training (1886)



	TOTAL	SUCCESSFUL	UNSUCCESSFUL
Total	1,700	1,630	70
Air Force	1,469	1,405	64
Army	39	36	3
<b>Coast Guard</b>	121	121	0
Navy	11	11	0
Other	60	57	3

# Something New & Something Old



Service Member Self Report	2 <sup>nd</sup> Level Screen – Service Member Self Report	Provider interview
<ul><li>Mental health history</li><li>Medications</li></ul>	■PTSD Check List	<ul><li>Training guidance Certification</li></ul>
■AUDIT-C (3 items) / TICS ■PTSD: PC-PTSD	■PHQ-8	<ul><li>Brief Intervention for alcohol use</li></ul>
■Depression PHQ-2	■Functional	
<del>-Other emotional</del> <del>problems</del>	impairment	<ul><li>Scoring, Referral guidelines for PTSD, depression</li></ul>
<ul><li>Major life stressors</li></ul>		depression
<u>-interpersonal co</u> nflict		■Suicide risk
<ul><li>Mental health concerns or questions</li></ul>		assessment
■Suicide / Violence		■Violence risk
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#### Suicidal Ideation- Risk Assessment



- A. Verify whether Service member has *passive* thoughts of death (1st part of Question 10) or *active* thoughts of self-harm (2nd part of Question 10) "Have you had thoughts of actually hurting yourself?"
- B. If 'Yes', ask the following four questions (Four P's: Past history, Plan, Probability, Preventive factors):

Ask about presence of a plan: "Have you thought about how you might actually hurt yourself?" If Yes, How?

Estimate <u>probability</u>: "There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some over the next month?"

Determine if there are any <u>preventive factors</u>? "Is there anything that would prevent or keep you from harming yourself?"

Evaluate past history: "Have you ever attempted to harm yourself in the past?"

C. Assess other risk factors for suicide:

History of suicide attempt Interpersonal conflicts Social isolation

Substance abuse

Hopelessness

Significant co-morbid anxiety

Financial stress

Legal / disciplinary problems

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#### **Current Implementation Status**



- Air Force: Full implementation -Jan 2011
- Army: Currently 2 pilot studies
- Navy: April 2011
- Coast Guard: Partial November 2010
- Air Force RC April 2011

# Do These Assessments Add Value?



- Better at identifying mental health conditions?
- Does predeployment screening reduce mental health problems in theater?
- Are 3 post deployment screens too many?
- Track response to treatment?

#### 4 Things You Can Do....



- Get trained! http:/fhpr.osd.mil/mha
- Ensure Service member privacy
- Ensure a warm hand-off for follow up care
- Talk to / convince a non-believer!

#### Acknowledgments





- Dr. Angelia Eick
- Timothy Powers
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- Mellissa Fraine
- Briana Stephenson
- John Davison



#### Questions?

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January 24 - 27, 2011

Gaylord National Resort & Convention Center National Harbor, MD

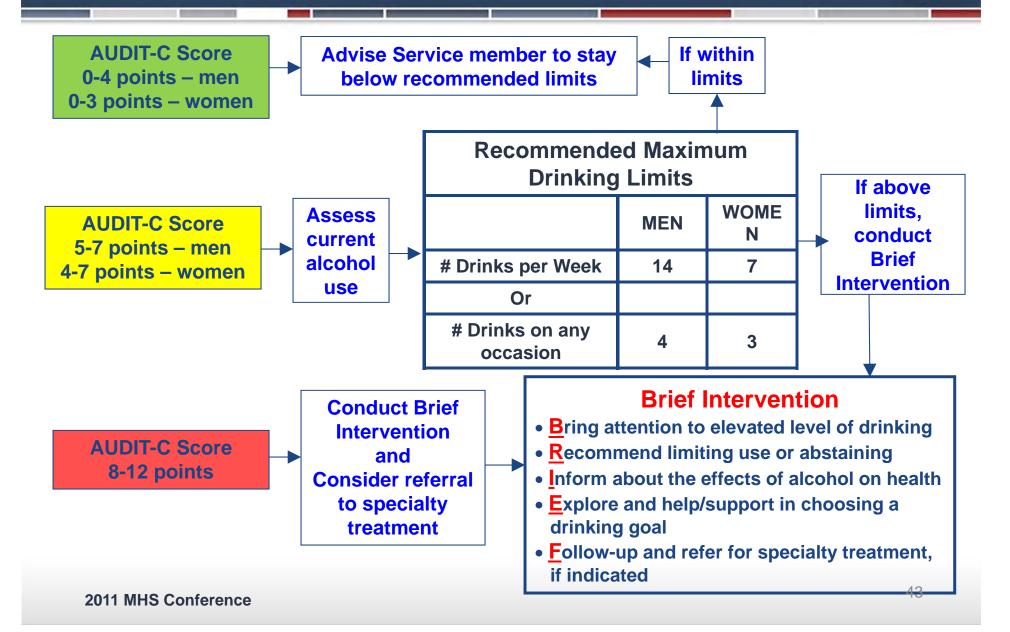
#### TODAY

#### Tuesday 25 Jan

- Keeping Tabs DoD's Response to Psychological Risks: Lessons Learned from Health Assessments
- Putting it All Together: The DoD/VA Integrated Mental Health Strategy
- Coming Soon to an MTF Near You: Psychological Health Policy Initiatives
- Keeping Tabs Lessons learned from health assessment data collected to date; how to best address family readiness; how the new DoD mental health assessments will be incorporated into the deployment health assessment program; The Way Ahead!
- Integrated Mental Health Strategy DoD and VA collaboration on 28 strategic actions in four strategic areas, and what it means to you
- How New DoD Psychological Health Policy Initiatives Will Affect You Disaster Response Mental Health Teams: Anew requirement at DoD installations; DoD, Service, and installation-level directors of psychological health policy.

# Algorithm for Managing Risky Drinking\*





## Prevalence Rates, PTSD



Auth or	Source	Scale	Duration	Population	Rate	Our study
JAMA		PC-PTSD (2+)	PDHA (2wks), 2003- 2004	OIF Army/Marine (N=222 620)	9.8	9%
Hoge (2006)	OEF Army/Marine (N=16318)			4.7		
Hoge	NEJM 04	PCL-S +Fn	3-4 months post	Army/Marines	12.9/	/12.2
Shen MilMed (2009)	PC-PTSD (2+)	PDHA (30d), 2002- 2006	OIF Sailors (N = 15 059)	10.0		
			OEF Sailors (N = 1034)	5.0		
PL		PDHA (2wks), 2005-	OIF Active (N = 56 350)	11.8/		
Millike JAMA n (2007)	PC-PTSD (2+)	2006	OIF NG/R (N = 31 885)	12.7/		
		PDHRA (3-6mos),	OIF Active (N = 56 350)	16.7/	11%	
			2005-2006	OIF NG/R (N = 31 885)	24.5/	

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### **Stage 3: PTSD Algorithm**

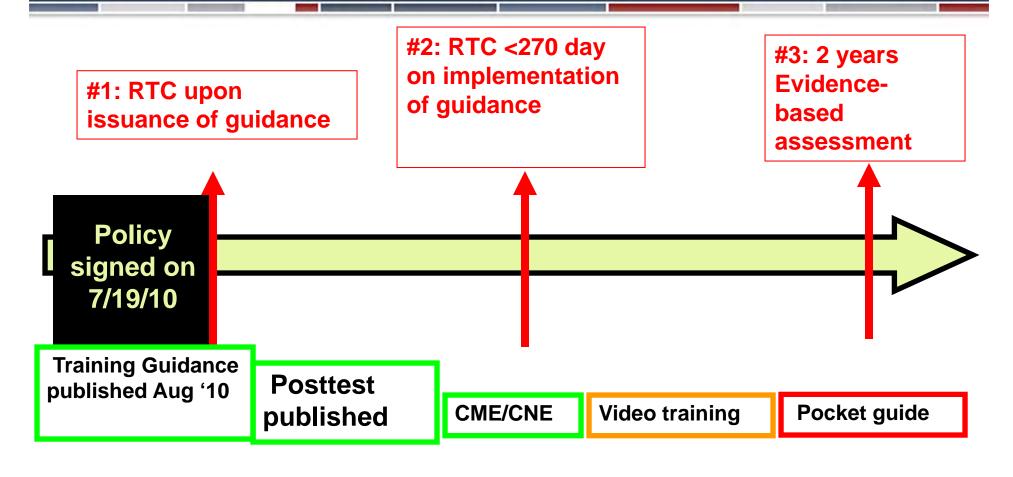


Level of Functioning	PCL Score <30 Sub-threshold or no PTSD Symptoms	PCL Score 30- 39 Mild PTSD Symptoms	PCL Score 40- 49 Moderate PTSD Symptoms	PCL Score ≥50 Severe PTSD Symptoms
Not difficult at all or Somewhat Difficult	Consider offering Reassurance AND PTSD Education*	PTSD Education*		Consider referral AND PTSD Education*
Very Difficult To Extremely Difficult	Assess need for further evaluation AND PTSD education* if indicated	Consider referral for further evaluation AND PTSD Education*		Refer to Mental Health AND PTSD Education*

<sup>\*</sup>PTSD Education = Reassurance/Supportive counseling, provide literature on PTSD, encourage self-management activities and counsel to seek help for worsening symptoms 2011 MHS Conference

#### Implementation Timeline



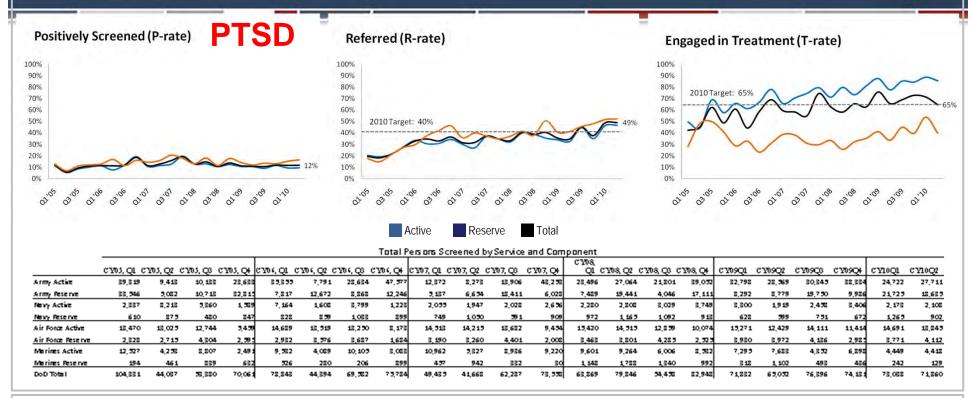


Incorporate MHA into DD 2795, 2796, 2900 and PHA

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#### Do New Assessments Add Value?





#### About the Measure

What are we measuring? Population is defined as returning deployers with a DD2796 (PDHA) or DD2900 (PDHRA) on file. Those with positive screen or referral on either form are counted. Screen positive percent = those who endorsed 2 or more symptoms on the PC-PTSD screen / form completers. Referral percent = those referred to mental health specialty or primary care, substance abuse, chaplain, or Military One Source / form completers screening positive. Follow up percent = those with mental health-related clinic encounter during 180 days following return / form completers who screened positive and were referred to mental health primary or specialty care.

Why is it important? We monitor our positive screened percentage (p-rate) as this reflects the level of PTSD symptoms in returning deployers. We also monitor the percentage of persons screened positive who were referred for treatment (R-rate) as a reflection of the effectiveness of the process for face to face review. Finally, we monitor the percentage of persons who engaged in treatment (T-rate).

What does our performance tell us? At this time, about 10% of Service members returning from OIF/OEF deployments are reporting symptoms of PTSD. The number referred for further evaluation or treatment has increased from about 20% to 40% over the past four years, possibly reflecting decreased stigma or increased provider awareness of PTSD. T-rate in Active Component is higher than Reserve Component. Note: The overall T-Rate decreased even though both the Active and Reserve rates increased. This is because there were more Reservists in 222 and the effect of the weighted are resulted in an overall negative rate. **Executive Sponsor:** CPSC

Working Group: None

Measure Advocate: Mr.Tim Powers AFHSC: (301) 319-3242

**Monitoring**: Quarterly

Data Source: AFHSC

Other Reporting: Well Being of the Force

#### Status Thresholds:

- Green: R-rate > 40% AND T-rate > 65%
- Yellow: R-rate 20%- 40% AND T-rate 50 – 65%
- Red: R-rate < 20% or</li> T-rate < 50%

#### Targets:

• 2011: R-rate: 50%, T-rate: 75%

• 2012: R-rate: 50%, T-rate: 75%

2014: R-rate: 50%. T-rate: 75%

## **Example: PTSD assessment**



#### **Self Report: Primary Care PTSD Screen (PC-PTSD)**

Have you ever had any experience that was so frightening, horrible, or upsetting that, *in the past month*, you:

4a. Have had nightmares about it or thought about it when you did not want to?	Yes	No
4b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Yes	No
4c. Were constantly on guard, watchful or easily startled?	No	No
4d. Felt numb or detached from others, activities, or your surroundings?	No	No

If two or more of these questions are endorsed "Yes" then continue to the PTSD Checklist.

### **Additional PTSD Questions**



Bolow is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please each question carefully and circle the number in the box which indicates how much you have been bothered by that blem in the last month. Please answer all items.

Response		Scoring a: Add up the circled numbers in each of the five columns.					
4e. Repeated, disturbing <i>memories</i> , <i>thoughts</i> , <i>or images</i> of a stressful experience from the past?	111 6	2	i tile li	ve co	lullilis.		
4f. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5		
4g. Suddenly <i>acting</i> or <i>feeling</i> as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5		
4h. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?	1	2	3	4	5		
4i. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?	1	2	3	4	5		
4j. Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?	1	2	3	4	5	0	
4k. Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful experience from the past?	1	2	3	4	5	Scoring b	
41. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5	Sum the	
4m. Loss of <i>interest in things that you used to enjoy?</i> 4n. Feeling <i>distant</i> or <i>cut</i> off from other people?	1	(2)	3	4	5	values from	
4o. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5	the columns to obtain a	
4p. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?  4q. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2 2	3	4	5	total severit	
4r. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?  4s. Having <i>difficulty concentrating</i> ?	1	2 2	3	4	<u>(5)</u> <u>5</u>	score.	
4t. Being "super alert" or watchful on guard?  4u. Feeling jumpy or easily startled?  For Primary Care Provider - Add Columns:	1	2 2 + 8 +	3 (3)	4 4 12 +	5		
Total:		T 0 +	(47)	12 +	10		

#### **Scoring b:**

Sum the values from the columns to obtain a total severity score.

### **Stage 3: PTSD Algorithm**



Level of Functioning	PCL Score <30 Sub-threshold or no PTSD Symptoms	PCL Score 30- 39 Mild PTSD Symptoms	PCL Score 40- 49 Moderate PTSD Symptoms	PCL Score ≥50 Severe PTSD Symptoms
Not difficult at all or Somewhat Difficult	Consider offering Reassurance AND PTSD Education*	PTSD Education*		Consider referral AND PTSD Education*
Very Difficult To Extremely Difficult	Assess need for further evaluation AND PTSD education* if indicated	Consider referral for further evaluation AND PTSD Education*		Refer to Mental Health AND PTSD Education*

<sup>\*</sup>PTSD Education = Reassurance/Supportive counseling, provide literature on PTSD, encourage self-management activities and counsel to seek help for worsening symptoms 2011 MHS Conference

#### **Exceptions / Waivers**



- Pre deployment
  - 60 to 120 days
- 1 year and 2 years after return
  - -7-12 months to 7-18 months
  - 16-24 months to 16-30 months
- Personnel
- Frequent deployers

## Comparable Screening Rates



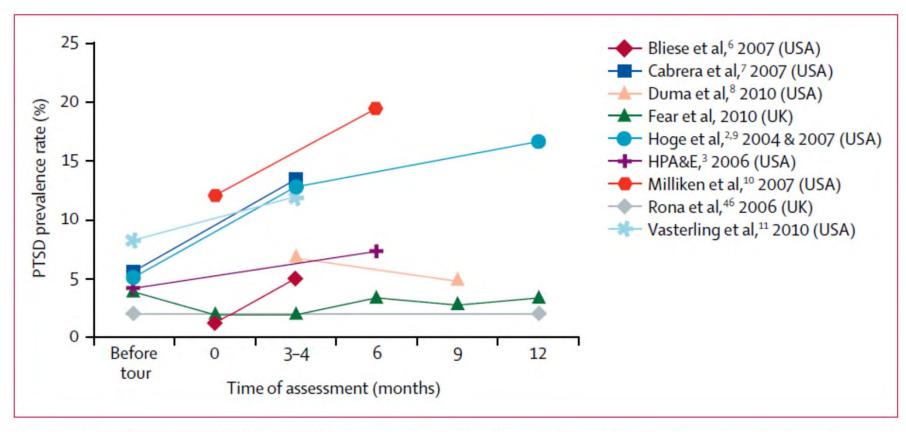


Figure 5: Prevalence of probable post-traumatic stress disorder (PTSD) within the first year of return since deployment (Fear et al, 2010)

## **Prevalence Rates, Depression**



	Source	Scale	Duration	Population	Rate	Our rate
	JAMA		PDHA (2 weeks),	OIF Army/Marine (N=222 620)	6.1	3%
Hoge	(2006)	PHQ-2 (1+)	HQ-2 (1+) 2003-2004	OEF Army/Marine (N=16318)	3.5	
Hoge	NEJM 04	PHQ +Fn	3-4 months post	Army/Marines	7.9	7.1
Milliken JAMA (2007)		PHQ-2 (1+)	PDHA (2wks), 2005- 2006	OIF Active (N = 56 350)	4.7	
	JAMA			OIF NG/R (N = 31 885)	3.8	
			PDHRA (3-6mos), 2005-2006	OIF Active (N = 56 350)	10.3	8%
				OIF NG/R (N = 31 885)	13.0	